

ISSUE SLIP STAFF AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|-------------|--------|---------|
| FEE DETERMINATION | <i>mc</i> | | 6/4/99 |
| O.I.P.E. CLASSIFIER | | 75 | 6/5/99 |
| FORMALITY REVIEW | <i>M.M.</i> | 71628 | 6-28-99 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 - Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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| 150 | | | |

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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